



SCHOLARSHIP RENEWAL FORM

Name: _____

Current address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email address: _____

Name of scholarship: _____

Year scholarship was first awarded: _____

School currently attending: _____

Address of school attending (Scholarship check will be sent to the school so please give a detailed address to where the check should go to be properly credited.)

Student ID number: _____

Please indicate name and amounts of any other scholarships and/or financial aid you are receiving.

Signature of applicant _____

Please attach a copy of your most recent transcript and a copy of your class schedule or fee bill for the fall semester it can be faxed to (937) 339-8992 or

Mail or bring to:

The Troy Foundation
Attn: Program Officer
216 W. Franklin St.
Troy, OH 45373



Allow at least 2 weeks from the time our office receives this form for your check to be processed.
Applicant will only be notified if the renewal is not approved.